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R. WHITE JAN 03 2020

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Home to Dorm College Planning Name of Limited Liability Chapany
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Colleen Hemann Name of Person
Home to Dorm College Planning
140 Steamboat Ct.
Orlando FL 32828 Colleen. herranna gmail. com
Colleen Nervenne amul report notification)  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Colleen Hemann at (407) 717-7706  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION : OF

Home to Dor	m College Planning FLLC
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.)  orida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L 1900 257</u>	
This amendment is submitted to amend the following	<u>u</u> :
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and contain the words	*Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AI	ODRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	2
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the new</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	

# New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

**Type of Action** Title Address Name Colleen Heman 140 Steamboat Ct. And ☐ Remove ☐ Change AMBR Gregg Hemann 140 Steamboat Ct. XAdd Orlando FL 32828 ☐ Change \_□ Add □ Remove □ Change □ Add ☐ Remove □ Add \_□ Change □ Add \_□ Remove Change

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(If an effective date is Note: If the date	f other than the date of listed, the date must be spec- inserted in this block does ive date on the Departmen	rific and cannot be prions not meet the appl	icable statutory filing r	(optional) than 90 days after filing.) Prequirements, this date wi	usuant to 605,0207 ( Il not be listed as t
the record spec ) The 90th day	ifies a delayed effect after the record is f	tive date, but n filed.	ot an effective tim	ne, at 12:01 a.m. on	the earlier of:
Dated	11/20	0.2019	7		
<del></del>	Collega	Hemar re of a member or aut	horized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00